

**Tiverton Police Department  
20 Industrial Way  
Tiverton, RI 02878  
(401) 625-6716**

**REPORT OF COMPLAINT AGAINST POLICE PERSONNEL**

**CONFIDENTIAL**

Name of Complainant: \_\_\_\_\_

At what address can you be contacted? \_\_\_\_\_

What phone number? Residence? \_\_\_\_\_ Employment? \_\_\_\_\_

Date and time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Name of officer(s) against whom complaint is being filed, or other identifying marks (car number, badge number, etc.)

Rank: \_\_\_\_\_ Name: \_\_\_\_\_ Badge #: \_\_\_\_\_

Vehicle: \_\_\_\_\_

Name(s)/address/phone number, of any other witnesses:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Statement of Allegation(s) Against Officer(s): \_\_\_\_\_

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(if further space is needed use reverse side of sheet)

I understand that this statement of complaint will be submitted to the Department and may be the basis for an investigation. Further, I swear or affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind. I understand that, under the regulations of the police department, the officer against whom this complaint is filed may be entitled to request a hearing. By signing and filing this complaint, I hereby agree to appear before the appointing authority, if one is requested by an officer, and to testify under oath concerning all matters relevant to this complaint.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Receiving  
\_\_\_\_ Signature Not Requested

\_\_\_\_\_  
Date and Time Received Complaint  
\_\_\_\_ Check if complainant refused to Sign